

Policy/Quote #:

Name of Applicant/Insured:

## Welding Questionnaire

1. Please describe all work being performed by yourself, employees, and any sub-contracted laborers:

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2. How long have you been in business? \_\_\_\_\_

3. Are you fabricating a specific item? If so, describe the item and its use.

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4. Are you involved in the erection of any buildings/structures? If so what size?

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5. Are you involved with any hot line welding?

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6. Are you involved with any welding on any type of rig after it has been erected?

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7. Are you involved with any welding in plants/refineries? If so, how often?

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8. Do you use any subcontract labor? \_\_\_\_\_

9. Do you require and collect certificates of insurance from ALL subcontractors?  
If yes, please attach copies. \_\_\_\_\_

10. Who are your most recent insurance carriers?

Year 1: \_\_\_\_\_

Year 2: \_\_\_\_\_

Year 3: \_\_\_\_\_

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11. Are any out of state operations ever done? If so, indicate the states that you have or plan to work in:

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12. Please list your last 5 jobs:

Project Name	Nature of Work	Contract Cost
1.		
2.		
3.		
4.		
5.		

13. How many owners/officers are there in the business? \_\_\_\_\_  
What is your employee payroll (excluding clerical)? \_\_\_\_\_  
What is your day labor cost of hire? \_\_\_\_\_  
What is the cost of hire for subcontractors that are NOT insured? \_\_\_\_\_  
What is the cost of hire for subcontractors that ARE insured? \_\_\_\_\_

14. Are you involved with the manufacturing and/or installation of any handicapped modifications or accessories? If so, please describe in detail.

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15. Are you involved with any guardrail repair or installation? If so, what percentage of your work does this comprise?

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**Applicant's Statement**

Applicant hereby attests that the information contained herein is true and accurate to the best of his/her knowledge, information and belief.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date